



Curriculum 2024 Guide for Special Interest Training Module (SITM): Complex Early Pregnancy and Non-elective Gynaecology (CEPNG)

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1. The Complex Early Pregnancy and Non-elective Gynaecology SITM

This SITM is aimed at learners with an interest in early pregnancy and acute gynaecology. Trainers who undertake this SITM will develop the knowledge and skills to competently manage women presenting with complex acute gynaecological problems and complications in early pregnancy. They will be able to competently perform gynaecological and early pregnancy ultrasound scanning. This module is a necessary requirement for those who are interested in working as clinical leads in emergency gynaecology and early pregnancy. For learners who are interested in a more general future career, this SITM is a useful adjunct to general obstetric and gynaecological practice. After completing this SITM, doctors will be prepared to set up, run and develop an early pregnancy and acute gynaecology unit.

Learners may have gained sufficient ultrasound skills before registering for this SITM, but they will still be required to demonstrate and produce evidence of these skills to complete the module. No additional ultrasound skills or competencies other than those acquired during core training are necessary for registering for this SITM. Learners undertaking this SITM will be expected to be able to access regular gynaecological ultrasound scanning lists, attend appropriate courses and collect evidence in the form of OSATS and other workplace-based assessments (WPBAs) to evidence their scanning capabilities by the completion of this SITM. Guidance on ultrasound training is available [here](#).

As a learner progresses through the SITM, they will learn how to handle a variety of diagnostic and treatment situations. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Complex Early Pregnancy and Non-elective Gynaecology (CEPNG) Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The CEPNG 2024 SITM is made up of three CEPNG CiPs. If undertaking the module full time, it is expected to take 18–24 months. However, this timeframe is indicative as training is entirely competency based.



Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post.

Here is the GMC-approved CEPNG SITM:

3. Capabilities in Practice (CiPs)

CEPNG CiP 1: The doctor uses ultrasound to appropriately diagnose and guide treatment of complications in early pregnancy.	
Key skills	Descriptors
Able to safely perform transabdominal and transvaginal scanning of the female genital tract	<ul style="list-style-type: none"> • Is able to identify all key pelvic structures, recognises and describes normality and deviations from normal. • Is able to construct a differential diagnosis using information obtained from ultrasound scanning. • Is able to optimise image quality. • Can store images securely and constructs a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies.
Diagnoses and manages people experiencing miscarriage	<ul style="list-style-type: none"> • Applies the diagnostic criteria to diagnose miscarriage. • Assesses when an interval scan is required. • Counsels people on the choice between expectant, medical and surgical management of miscarriage. • Manages complications following initial treatment for a miscarriage, including complex cases. • Manages and investigates women diagnosed with a second trimester miscarriage.
Diagnoses and manages people experiencing ectopic pregnancy	<ul style="list-style-type: none"> • Is able to diagnose an ectopic pregnancy on an ultrasound scan. • Is able to diagnose non-tubal ectopic pregnancies. • Counsels people on the choice between expectant, medical and surgical management of ectopic pregnancy. • Manages non-tubal ectopic pregnancies, including liaising with other colleagues and speciality departments.
Diagnoses and manages people with inconclusive scans	<ul style="list-style-type: none"> • Arranges appropriate follow up for people with early pregnancies of uncertain viability (PUV).



	<ul style="list-style-type: none"> • Demonstrates that they understand management protocols for women classified with a pregnancy of unknown location (PUL). • Demonstrates understanding of diagnostic uncertainty.
Diagnoses and manages people with other causes of pelvic pain in early pregnancy	<ul style="list-style-type: none"> • Organises appropriate imaging in early pregnancy. • Organises appropriate management plans for people with other pelvic pathology in early pregnancy. • Collaborates with consultants and other specialities and works as part of a multidisciplinary team (MDT).
Diagnoses and manages women with recurrent pregnancy loss	<ul style="list-style-type: none"> • Is able to fully evaluate the endometrial cavity and assess for the presence of any uterine pathology or congenital anomaly in people presenting with recurrent pregnancy loss. • Arranges required investigations and follow up for people with recurrent pregnancy loss. • Supports care in future pregnancies.
Diagnoses and manages women with gestational trophoblastic disease (GTD)	<ul style="list-style-type: none"> • Recognises and instigates initial management of suspected trophoblastic disease. • Arranges appropriate follow up for women confirmed to have trophoblastic disease.
Manages women with hyperemesis gravidarum	<ul style="list-style-type: none"> • Recognises and instigates inpatient, outpatient or domiciliary treatment of hyperemesis, as appropriate. • Ensures continuity of care, effective handover and appropriate discharge planning for women with hyperemesis gravidarum.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • NOTSS • RCOG SITM Theoretical Course • Local and deanery teaching • RCOG Learning
Mandatory requirements	
<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ ultrasound examination of early pregnancy complications ○ manual vacuum aspiration ○ complex surgical management of miscarriage and scar ectopic 	
Knowledge criteria	
<ul style="list-style-type: none"> • The aetiology and differential diagnosis of acute abdominal pain: <ul style="list-style-type: none"> ○ gynaecological causes – ovarian cyst accidents (rupture and torsion), acute pelvic inflammatory disease, degenerating/prolapsing uterine fibroid and ectopic pregnancy. 	



- non-gynaecological causes – acute appendicitis, acute bowel obstruction, diverticular disease, inflammatory bowel disease, perforated ulcer, incarcerated hernias (inguinal, femoral, umbilical and incisional, mesenteric infarction, pelvic vein thrombosis, ruptured aortic aneurysm, acute urinary tract infection (UTI), acute urinary retention and urolithiasis
- Haematological, biochemical, microbiological and radiological investigations:
 - haematological changes in acute haemorrhage, sepsis and thrombosis
 - biochemical findings in acute sepsis and urinary tract obstruction
 - dynamics of serum human chorionic gonadotropin (hCG) and progesterone in normal and abnormal early pregnancy
 - relevant infection screens
 - indications for plain abdominal film, chest x-ray, abdominal ultrasound scan, computed tomography (CT) scan and magnetic resonance imaging (MRI) in the investigation of acute pelvic pain
- The safety of ultrasound including safety indices and scanning modes
- Image orientation and optimisation
- The need to store images
- Developmental milestones of the normal intrauterine pregnancy and associated biochemistry
- Diagnostic criteria for miscarriage and non-tubal ectopic pregnancy
- Sonographic features of GTD
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications:
 - epidemiology of miscarriage
 - causes and risk factors of miscarriage – chromosomal defects, structural uterine anomalies, cervical incompetence and autoimmune causes
 - other factors affecting the development of early pregnancy: drugs (prescription and recreational), viral infections, radiation and chemotherapy, and immunisation
 - transvaginal ultrasound – morphological features of normal early pregnancy development, and differential diagnosis between complete, incomplete and missed miscarriage
 - the use of serum biochemistry for the diagnosis of miscarriage
 - causes and risk factors for ectopic pregnancy
 - variations in clinical presentation of ectopic pregnancies
 - clinical, ultrasound, laparoscopic and histological diagnosis of ectopic pregnancy
 - risk factors, clinical presentation, ultrasound and laparoscopic diagnosis of non-tubal ectopic pregnancy
- The options for managing early pregnancy problems:
 - expectant management of miscarriage – selection criteria, follow up and success rates
 - medical treatment with misoprostol and mifepristone – selection criteria, route of administration and dosage, effectiveness, side effects and follow up



- surgical management of miscarriage – selection criteria, outpatient, local anaesthetic and in-patient under general anaesthesia, antibiotic prophylaxis, complications, effectiveness and follow up
- expectant management of tubal ectopic pregnancy – selection criteria, success rates and follow up
- medical treatment with methotrexate – selection criteria, dosage, side effects, effectiveness and follow up
- laparoscopy and laparotomy for ectopic pregnancy – choice of appropriate route for surgery
- salpingectomy and salpingotomy surgeries for ectopic pregnancy – selection criteria, complications and follow up
- fertility after ectopic pregnancy and future follow up
- management of non-tubal ectopic pregnancy – conservative or surgical treatment, risks, complications, follow up and future fertility
- the treatment protocols for women diagnosed with persistent GDT
- The investigations and current management strategies for people with recurrent pregnancy loss
- The investigations and current management strategies for people with nausea and vomiting in pregnancy and hyperemesis gravidarum

CEPNG CiP 2: The doctor has the knowledge and clinical skills to manage the care of people presenting with acute gynaecological problems.

Key skills	Descriptors
Diagnoses people with acute gynaecological problems	<ul style="list-style-type: none"> ● Manages rapid access clinic for gynaecological emergencies. ● Acts as clinical expert for complex cases. ● Uses ultrasound to form differential diagnosis of acute gynaecological symptoms. ● Carries out ultrasound diagnosis of uterine pathology. ● Carries out ultrasound diagnosis of adnexal pathology. ● Able to detect hemoperitoneum and assess its severity.
Manages the care of women with acute pelvic pain	<ul style="list-style-type: none"> ● Diagnoses and assesses people with acute pelvic pain. ● Able to perform emergency surgery such as open and laparoscopic ovarian cystectomy, laparoscopic adhesiolysis and surgical management of ectopic pregnancy. ● Collaborates with consultants and other specialties and works as part of a MDT. ● Acts as a clinical expert for complex cases. ● Arranges appropriate follow up.



Manages the care of women with haemorrhagic and septic shock	<ul style="list-style-type: none"> • Makes appropriate decisions rapidly in daily clinical practice. • Works with the MDT to manage women who are presenting acutely unwell. • Arranges appropriate follow up.
Manages the care of women with acute pelvic infection	<ul style="list-style-type: none"> • Organises the correct investigations and instigates treatment. • Coordinates with the MDT to arrange appropriate treatment in complex cases. • Arranges appropriate follow up for women with acute pelvic infection.
Manages the care of people with other acute gynaecological problems	<ul style="list-style-type: none"> • Arranges appropriate follow up for women with acute pelvic infection. • Able to diagnose and manage: <ul style="list-style-type: none"> ○ perineal abscesses ○ non-obstetric genital tract trauma ○ emergency presentations of gynaecological malignancies ○ ovarian hyperstimulation syndrome • Coordinates with the MDT to arrange appropriate treatment in complex cases.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • RCOG SITM Theoretical Course • Mini-CEX • CbD 	<ul style="list-style-type: none"> • Reflective practice • TO2 (including SO) • Local and deanery teaching • RCOG Learning NOTSS
Mandatory requirements	
<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ ultrasound examination in early pregnancy (non-pregnant patient) 	
Knowledge criteria	
<ul style="list-style-type: none"> • Causes and differential diagnosis of acute pelvic and lower abdominal pain • Interventional options for pelvic and perineal abscesses • Haematological, biochemical, microbiological and radiological investigations (as for CiP 1) • The options available to treat acutely ill women: <ul style="list-style-type: none"> ○ resuscitation measures ○ management of massive blood loss ○ effective pain relief 	



- antimicrobial therapy
- management of acute thromboembolic events
- conservative and surgical management of acute pain
- management of hyperemesis gravidarum
- The epidemiology, aetiology, clinical features and diagnostic tests in early pregnancy complications (as for CiP 1)
- The options for managing early pregnancy problems (as for CiP 1)
- The management issues in the provision of acute gynaecological care:
 - environment
 - staffing
 - facilities and equipment
 - referral patterns and triage
 - external support
 - training
 - clinical protocols
 - risk management
 - audit and research

CEPEG CiP 3: The doctor has the communication and governance skills to set up, run and develop an early pregnancy and acute gynaecology unit.

Key skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> ● Liaises with management teams and Integrated Care Boards. ● Has an understanding of the financial considerations that are needed to run a service. ● Participates in clinical governance experience. ● Demonstrated involvement in quality improvement (including collecting data and analysing outcomes). ● Is able to undertake data analysis and collection related to outcomes.
Is able to be part of a multidisciplinary team (MDT)	<ul style="list-style-type: none"> ● Liaises effectively with colleagues in other disciplines aligned to early pregnancy and emergency care (e.g. emergency medicine, surgery, urology, paediatrics).
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> ● Is familiar with sources of both written and web-based information. ● Designs or adapts patient information for local use and understands local process. ● Participates in writing protocols, clinical pathways, developing service or evidence-based guidelines. ● Establishes and/or enhances local clinical pathways.



	<ul style="list-style-type: none"> Supports the alignment of the service to the national standards on early pregnancy and acute gynaecology care.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> Reflective practice Attending a meeting of the British Association of Early pregnancy units TO2 (including SO) Mini-CEX CbD NOTSS 	<ul style="list-style-type: none"> RCOG Learning Leadership questionnaire Quality improvement project Develops, enhances local clinical pathways Attendance and presentation at early pregnancy MDTs
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> NHS service requirements and local procedures for developing or improving services Clinical governance issues in early pregnancy and acute gynaecology National guidance on early pregnancy and acute gynaecology The role of a guidelines audit (including the analysis of workload) and how this influences practice The principles how they relate to outcomes for patients in early pregnancy or acute gynaecology 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the CEPNG CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention



Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each CEPNG CiP.

Statement of Expectations for the CEPNG SITM	
Meeting expectations for the CEPNG CiP1	Learners are meeting expectations and can independently perform history taking, examination and investigations for women with early pregnancy complications. This will include an ultrasound scan where appropriate. They are able to make a diagnosis or recognise diagnostic uncertainty, and use this information to plan further investigations and create appropriate a management plan. They are able to manage planning and support in future pregnancies.
Meeting expectations for the CEPNG CiP2	Learners are meeting expectations and can independently perform history taking, examination and investigations for women with acute gynaecological problems. This will include an ultrasound scan where appropriate. They are able to make a diagnosis or formulate a differential diagnosis. They are able to then use this information to plan further investigations and create appropriate a management plan. They are able to work with the wider MDT to manage care.
Meeting expectations for the CEPNG CiP3	Learners are meeting expectations and can engage in clinical governance processes, perform relevant audits, collaborate in adverse incident investigations and complaint handling, and produce clinical guidelines and patient information. Learners are familiar with patient support groups and information and resources available for patients with early pregnancy problems. They have an understanding of how to develop the clinical service in collaboration with local management teams and the wider NHS, e.g. at an integrated care board level.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in emergency gynaecology and early pregnancy. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM.



However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice and at MDT meetings.

5. Procedures associated with the CEPNG CiPs

The procedures required to complete this SITM are listed below. A learner can show progress in these procedures through OSATS, procedure logs, and other forms of evidence.

If a procedure is marked with *, the learner will require three summative competent OSATS to demonstrate the level of competency needed to complete the SITM.

Procedures	Level by end of training	CiP1	CiP2
Manual vacuum aspiration*	5	X	
Complex surgical management of miscarriage and scar ectopic*	5	X	
Ultrasound examination in gynaecology (non-pregnant patient)*	5		X
Ultrasound examination of early pregnancy complications*	5	X	

The 'level by end of training' corresponds to the levels of entrustability defined in Section 5.4 of the [Special Interest Training Definitive Document](#). Level 5 indicates that a learner should be able to perform the procedure independently.

OSATS are not assigned a level of entrustability, rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not**



mandatory, types of evidence (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Local, Deanery and National Teaching
<ul style="list-style-type: none"> Case-based discussions 	<ul style="list-style-type: none"> RCOG (and other) eLearning
<ul style="list-style-type: none"> Mini-Clinical Evaluation Exercise (Mini-CEX) 	<ul style="list-style-type: none"> Attendance at relevant conferences and courses
<ul style="list-style-type: none"> Discussion of correspondence (Mini-CEX) 	<ul style="list-style-type: none"> Procedural log
<ul style="list-style-type: none"> Reflective practice 	<ul style="list-style-type: none"> Case log
<ul style="list-style-type: none"> Team observation (TO2), including self-observation 	<ul style="list-style-type: none"> Case presentations
<ul style="list-style-type: none"> NOTSS 	<ul style="list-style-type: none"> Quality improvement activity

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific CEPNG CiP:

CEPNG CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses ultrasound to appropriately diagnose and guide treatment of complications in early pregnancy.	X	X	X	X	X	X
2: The doctor has the knowledge and clinical skills to manage the care of people presenting with acute gynaecological problems.	X	X	X	X	X	X



CEPNG CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
3: The doctor has the communication and governance skills to set up, run and develop an early pregnancy and acute gynaecology unit.		X	X	X	X	

7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the CEPNG SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology special interest career. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.

8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [Association of Early Pregnancy Units \(AEPU\)](#)

Find out more at
rcog.org.uk/curriculum2024



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